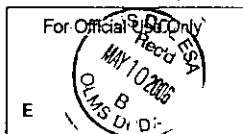


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>25487</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2005</u> Through: <u>12</u> / <u>31</u> / <u>2005</u>
3. Name and address of person filing. Name <u>Alex S Zuack</u> P.O. Box, Bldg., Room No., if any Street <u>31500 E. Columbia</u> City <u>Battle Creek</u> State <u>MI</u> ZIP Code + 4 <u>49014</u>	4. Name, file number, and address of labor organization. Name <u>LABORERS Local #355</u> Labor Organization File Number <u>541-509</u> P.O. Box, Building and Room Number, if any Street <u>1500 East Columbia Ave</u> City <u>Battle Creek</u> State <u>Michigan</u> ZIP Code + 4 <u>49014</u>
5. Position in labor organization. <u>Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Alex S Zuack</u>	On <u>3-13-06</u> <u>269-926-8010</u> Date Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name TIC  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street 6525 Centurian Drive  
City LANSING  
State MI ZIP Code + 4 48917-1275

9. Business deals with:

- ☐ a. Labor Organization  
☒ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Michigan Pension Fund  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street 6525 Centurian Drive  
City LANSING  
State MI ZIP Code + 4 48917-1275

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

ANNUAL INTERNATIONAL  
CONFERENCE REIMBURSEMENT

12.b. Amount.

4,836.48

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street   
City   
State  ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Alex Zurek

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name TIC  
 Trade Name, if any:   
 P.O. Box, Bldg., Room No., if any   
 Street 6525 Centurian Drive  
 City LANSING  
 State MI ZIP Code + 4 48917-1275

9. Business deals with:

- ☐ a. Labor Organization  
☒ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Michigan Laborers Pension Fund  
 Trade Name, if any:   
 P.O. Box, Bldg., Room No., if any   
 Street 6525 Centurian Drive  
 City LANSING  
 State MI ZIP Code + 4 48917-1275

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Board of Trustee meeting  
 mileage check turned  
 over to the Local.

12.b. Amount.

43.55

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name   
 Trade Name, if any:   
 P.O. Box, Bldg., Room No., if any   
 Street   
 City   
 State  ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Alex Zurek

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name TIC  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street 6525 Centurian Drive  
City LANSING  
State MI ZIP Code + 4 48917-1275

9. Business deals with:

- ☐ a. Labor Organization  
☒ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Michigan Laborers Health Care Fund  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street 6525 Centurian Drive  
City LANSING  
State MI ZIP Code + 4 48917-9275

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Board of Trustee mileage  
Reimbursement. Turned over  
To Local 355.

12.b. Amount.

25.33

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street   
City   
State  ZIP Code + 4

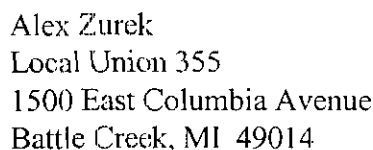
14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

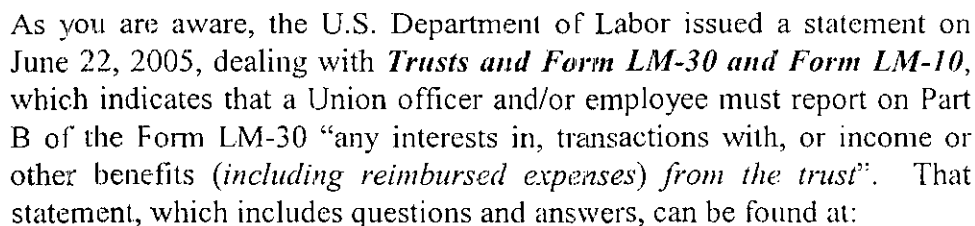
14.b. Amount of payment.

# Michigan Laborers' Fringe Benefit Funds

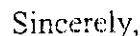
April 6, 2006



Dear Alex:



After consulting with the Fund's Legal Counsel, we have once again prepared for your information the enclosed summaries of expenses paid by the Funds to you or on your behalf in calendar year 2005 or accounted for by you in 2005.



James E. Schreiber  
Administrative Manager

Enclosures

Xc: Christopher Legghio



MICHIGAN LABORERS' PENSION FUND

TRAVEL EXPENSES RECEIVED FROM JANUARY 1, 2005 THROUGH DECEMBER 31, 2005

ALEX ZUREK

CHECK DATE	PAYEE	AMOUNT	PURPOSE
12/20/2004	International Foundation	\$960.00	Regist fee - Annual Conference 11/05
8/8/2005	International Foundation	\$590.00	Pre-conference fee - Annual Conf 11/05
10/12/2005	Alex Zurek	\$3,000.00	Travel Advance - Annual Conf 11/05
2/10/2006	Alex Zurek	\$286.48	Additional Travel - Annual Conf 11/05
<b>TOTAL</b>		<b>\$4,836.48</b>	
3/11/2005	Alex Zurek	\$6.07	3/11/05 Spec Called Ben Rev Co Mtg
3/17/2005	Alex Zurek	\$6.07	3/17/05 Invest Co Mtg - Transportation
3/18/2005	Alex Zurek	\$6.08	3/18/05 BOT Meeting - Transportation
5/20/2005	Alex Zurek	\$6.08	5/20/05 BOT Meeting - Transportation
8/19/2005	Laborers' Local 355	\$5.67	8/19/05 BOT Meeting - Transportation
11/7/2005	Laborers' Local 355	\$13.58	11/4/05 BOT Meeting - Transportation
<b>TOTAL</b>		<b>\$43.55</b>	

MICHIGAN LABORERS' HEALTH CARE FUND

TRAVEL EXPENSES RECEIVED FROM JANUARY 1, 2005 THROUGH DECEMBER 31, 2005

ALEX ZUREK

CHECK DATE	PAYEE	AMOUNT	PURPOSE
3/30/2005	Alex Zurek	\$6.08	3/30/05 BOT Meeting - Transportation
8/18/2005	Laborers' Local 355	\$5.67	8/18/05 BOT Meeting - Transportation
11/3/2005	Alex Zurek	\$13.58	11/3/05 BOT Meeting - Transportation
<b>TOTAL</b>		<b>\$25.33</b>	